

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

6259

318

1003

1639

|   |                        |   |  |   |  |  |  |
|---|------------------------|---|--|---|--|--|--|
| BIRTH NO.   |                        | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.  |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |                        |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  |                        |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis                                |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer Phillips  |                        |   |  | d. STREET ADDRESS (If rural, give location) 4061 West Belle Place   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                        | a. (First) Leon   |  | b. (Middle) Gregg   |  | c. (Last)  |  |
| 4. DATE OF DEATH  |                        | (Month) 2   |  | (Day) 17  |  | (Year) '50   |  |
| 5. SEX Male   | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced   |  | 8. DATE OF BIRTH Feb. 28, 1896  |  | 9. AGE (In years last birthday) 53   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper vendor  |                        | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) Normandy, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY? USA   |  |
| 13a. FATHER'S NAME John Quincy Gregg  |                        | 13b. MOTHER'S MAIDEN NAME Fannie Williams   |  | 14. NAME OF HUSBAND OR WIFE Verada Gregg  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes   |                        | 16. SOCIAL SECURITY NO. 492-05-9427   |  | 17. INFORMANT'S SIGNATURE OR NAME Fannie Gregg  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Carcinoma of Liver<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on 19__, and that death occurred at 7:30 A.M., from the causes and on the date stated above.                            |                        |   |  |   |  |  |  |
| 23a. SIGNATURE Patrick E. Taylor, Coroner (Degree or title)   |                        |   |  | 23b. ADDRESS 1300 Clark   |  | 23c. DATE SIGNED 2-18-50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE 2-20-50   |  | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.   |  | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.              |  |
| DATE REC'D BY LOCAL REG. FEB 20 1950  |                        | REGISTRAR'S SIGNATURE J. B. Lasater   |  | 25. FUNERAL DIRECTOR'S SIGNATURE Russell Under Co.  |  | ADDRESS 2732 Pine st   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Clark Young

Licensed Embalmer No. 33718

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.